PRINTED: 12/08/2014 FORM APPROVED

DMslon of Health Service R	equiation			
STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION	(X1) PROMDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3: 01 - MAIN	(X3) DATE SURVEY COMPLETED
1	1	B. WING	, A	4000000
<del>}</del>	HAL011329			12/02/2014
NAME OF PROVIDER OR SUPPLIER			STATE ZIPICODE	
HOMINY VALLEY RETIREME	N C CENTED	OKEY PARK R, NC 2871		
PREFOX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
C 000 Initial Comments		C 000		
Report of Bienniel Harrell on 12-2-20	Construction Survey by Dennis 14.			
on 12-7-1988. Info that the facility was this information we meet the 1977 Min Regulations for Ho Disabled, the 1978 the applicable port	that this facility was first licensed ormation gathered onsite was slicensed in 1979. Based on a serie requiring the facility to almost standards and once for the Aged and sons for the current Rules for sof Seven or More Beds.		6	5 2015 TION SECTION
C 164 Housekeeping and	d Furnishings-Clean, Repaired	C 164		
10A NCAC 13F .03 FURNISHINGS (a) Adult care hom (1) have walls, ce coverings kept cle (2) have no chron (3) have furniture	PHYSICAL PLANT 306 HOUSEKEEPING AND nes shall; ilings, and floors or floor an and in good repair; ilc unpleasant odors; clean and in good repair; il apply to new and existing		FACILITY WILL MON TRAP WEEKLY TO THE TEAP IS NO CHEK COUR DINATE WEEKLY CheCK OPERATIONS DIRECT FINDINGS.	NITOR TO ENSURE T DRY RESIDEN IN WILL DO THE AND INFORM TOR OF THEIR
Based on observa	net as evidenced by: Non, the trap was dry on the y room. Dry traps allow sewer building.		FINDINGS.	12/31/4
C 189 Building Equipmen	nt Maintained Safe, Operating	C 189		
10A NCAC 13F.0 REQUIREMENTS (a) The building a		4		
ivision of Hosith Service Regulation ABORATORY DIRECTOR'S OR PROV	NO THE REPRESENTATIVE'S S	NATURE .	TITLE	OND DATE,
Trumy Sask for	And She	Shit	DERATIONS /	. ,

DIVISION	of Health Service Re	equiation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIFI A BUILDING		(	(X3) DATE SURVEY COMPLETED	
3.5	HAL011329		B. WNG			12/02/2014	
A. Land						1 1,200	4211
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY,				
HOMINY	VALLEY RETIREMEN	AT CENTER	OKEY PARK		r		'
	Traces Tree Inferred	CANDLE	R, NC 2871	5			
(XA) ID PREFIX TAG	(EACH DEFICIENCY	CTEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(E)	PROMDER'S PLAN OF CORRECTION SHOULD SHEET OF THE APPROXIDENCY)	D DE	COMPLETE DATE
C 189	Continued From pa	ge 1	C 189			ĺ	
	operating condition (k) This Rule shall facilities with the ex-	maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities.					
111 11	fire rated walls and in several locations. Findings include:  a. Hole in office ce b. Holes in "Jimmy c. Holes in ceiling id. Holes in laundry e. Crack at edge or room, f. Crack in ceiling if g. Hole beside refr furnace room, h. Water damaged i. Holes in ceiling it light fixture has fall J. Holes in walls at k. Holes in walls at 12,  I. Hole beside smroom 1,  m. Hole beside smroom 1,  m. Hole beside smroom 5,  n. Hole beside smroom 5,  n. Hole beside smroom 6,  p. Ceiling damage in room 2,  q. Ceiling damage fallen in office bath Holes, cracks and	vation the required one-hour for ceilings were compromised in Janitor's closet, ceiling, in Janitor's closet, ceiling, for ceiling in the clean linen of bathroom off room 2, ingerant lines in ceiling of activity supply room where en, activity supply room where en, activity supply room off room 12, and ceiling in bathroom off room ake detector in corridor near toke detector in corridor near acke detector in corridor near room acke detect	-	BE 62/3	MAINTRAME  MEL WILL REPAIR  MERT THE  MOAND.  D, E, F, G, J, K  Completed A  1/14  J. I., L, M, N, O,  BE Complete  1/15/14	s of	. ,
		als approved for use in	1				
Division of H	ealth Service Regulation		1				

STATE FORM

P2VH21

If continuation sheet, 2 of 6

Division	of Health Service Re	egulation		1		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	1		(X3) DATE SURVEY COMPLETED
	HAL011329					12/02/2014
NAME OF F	ROVIDER OR SUPPLIER	6TREET A	DORESS, CITY,	STATE, ZIP	DODE	
HOMINY	VALLEY REYIREMEN	IT CENTER 2189 SM	OKEY PARK	HIGHWA		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	DAT PART	ŒÃ	PROVIDER'S PLAN OF CORRECTI CH CORRECTIVE ACTION SHOU SS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
C 189	Continued From pe	ge 2	C 189	:		
2.:		construction present the that begins in one space can			TONS MANAG	RUWILL
		ther areas of the facility.		OPE	EATIONS MANAGENSURE THAT EHASE AND RE N BATTERY POW ERGENCY LIGHT	PACILITY WILL
		vation, the battery powered		PUR!	HASK ATTEM POW	ERES VId
		the comidor near rooms 3 and hen tested. Battery powered	1	NE	N BACKE LIGH	TS 11915
	emergency lights th	at will not work properly for at		BM	RREENS	'
	least 90 minutes co and staff.	uld endanger the residents				
	3. Based on observation, the facility failed to					
	maintain the comide	ors in a smoke and fire	1			
1		because of corridor doors not				
	closing and/or latching properly. Corridor doors that do not close completely and latch present the			!		NEW WICE
	possibility that a fire that begins in one space can			. 1	TONS MAN	ACROC
	quickly spread to the corridor and the remainder			DPE	RATIOTHAT!	1/15/15
	of the facility. Findings include:			2019	JRK LATCH PU	ATR 15
		plate is missing at the corridor	.	1	NEWWORD	10 to
	door to room 12,			A'	PURCITATION IS A	DIRECT SHOPE
		m 12 does not fit the opening top to resist the passage of		1	VEN TRIM CISTA	nce   1/15/12
	amoke and fire.	top to resist the passage of		0	SURE RES	- with bugh
		a equipped with only a		20	NO FIRE DEADE	NE DOOR 14
	deadboil laich rath hardware.	er than automatic latching	i	1	EPLACE LOC	TO CLOSE
	Final Co. Co. Co.	of doors to sitting room 1 does	:	C. 48	opposit to	2002 10/2/4
		ly when activated by the fire	}	3	enir/AD)	114 -7 7
	alarm system.			D. Re	stetely	1 / /
		vation, the cover was missing	Í	, 60	RATIONS MANNING THAT!  NEW LATCH PL  PURCHASE)  PURCHASE)  PURCHASE  NO FIRE  PEROPEONTE LOC  PAIR/ADJUST E  MP LETELY	14241
		board heater in sitting room 1. sing, residents were exposed		_	while And 11	USTALL
	to energized 240 v			4, Pu	a plate cor	er.
	6. Based on Obse	rvation, the building was not		1 1		INSTAGED
	maintained in a sat	e manner by not properly		L. Ab	VACE MEDICAL	SAFET MULLY
V. Salara - 634		nedical oxygen cylinders. This	<u>i</u>	P	WERE KIKCES FOR	! '7 !'1
OWING OF H	oelth Service Regulation M		430	P2VH21	pletely echase and " echase and " exhase con- exace madical exace madica	M confinuation about 3 of 5

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING	: 01 - MAIN		COMPLETED
		HAL011329	B. WING			12/02/2014
Francisco A.	PROVIDER OR SUPPLIER VALLEY RETIREMEN	T CENTER 2189	ETADORESS. CITY, SMOKEY PARK DLER, NC 2871	HIGHWA		
(X4) ID PREFIX TAG	(EACH DEPICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(5)	PROMOBA'S PLAN OF CORRECTION CONCORRECTIVE ACTION SHOULD SS-REFERENCED TO THE APPROL DEFICIENCY)	D BE COMPLETE
C 199	cylinders fall, break cylinder and turning Findings include: Several portable me stored in unapprove container at all.  Exhaust Ventilation  SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per in requirement does not before April 1, 1984 these specified space (1) solled linen store (2) soil utility room; (3) bathrooms and (4) housekeeping (5) taundry area.  (k) This Rule shall facilities with the exhaut required exhibits and not app.  This Rule is not me based on observation maintain required exhauntain required exhauntain required exhauntains include; 1. The exhaust femhousing in the bathrousing	lents, staff and visitors if ing their valves, propelling it into a dengerous project edical oxygen cylinders we sed beverage crates or in no PHYSICAL PLANT 11 OTHER ed in this Peregraph shall the rate of ninute per square foot. This ot apply to facilities license, with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities. et as evidenced by: on the facility failed to xhaust in a working conditional toold cause and moisture and possibly was removed from the	c 199	OPER ENSU BOTH ANNS	PREVIOUS PASSE.  ATIONS MANAGEM  REMANDENS FANS  BATHROOMS FANS  BERTON ON THE  BERTON TO ACCES  HOOMS MANAGEM  ATIONIS MANAGEM  ASCENTIALING  ENCY MATTHEMAN  ENCY MATTHEMAN	complance.
ivision of H	bathroom off room leath Service Regulation	10,	*179	P2VH21	•	If continuation sheet 1 of 5

ANDION	o connection	IDENTIFICA	TION NUMBER:	A. BUILDING:			COMPLETED.
		HAL011	329	B, WING		4	12/02/2014
	ROMOER OR SUPPLIER VALLEY RETIREMEN	T CENTER	2189 SMC	ORESS, CITY, 6 OKEY PARK F R, NC 28715	- 1	DDE	
(XA) ID PREPIX TAG	SUMMARY STAT (EACH DEPTCIENCY REGULATORY OR LS	MENT OF DEFINANCE IN THE PRECEDENTIFYING II	CIENCIES DED BY FULL	ID PREFIX TAG	(EAC	OMDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHO -REFERENCED TO THE APPR OMFICIENCY)	ULD DE COMPLEY
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